

A statewide committee appointed by the Director of the Department of Health and Welfare "to provide counsel to the Department in administering the EMS Act"

## Meeting Dates

EMSAC, March 10, 2005

Ameritel Inn-Boise Spectrum, 7499 Overland Rd., Boise, ID

EMSAC, June 30, 2005

Ameritel Inn-Boise Spectrum, 7499 Overland Rd., Boise, ID

Call your regional EMS office for information

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# EMSAC Response Letter to Draft National Scope of Practice Model

## EMERGENCY MEDICAL SERVICES ADVISORY COMMITTEE NEWSLETTER IDAHO EMSAC News

The following letter was sent on January 17 to Amy Starchville of the National Association of State EMS Directors by the EMS Bureau, on behalf of EMSAC. The letter was sent to the national review committee for comment on the proposed National EMS Scope of Practice Model. Thanks to Dr. Kim for writing the letter based on the National Scope of Practice Model, posting for EMSAC comment and creating the final product. ([www.emsscopeofpractice.org](http://www.emsscopeofpractice.org)) A national task force review meeting is scheduled for March 2005. After review and revision by a national review team in June, the next step is for the EMS model scope of practice to be turned over to an educational development team to create the associated national educational standards for the newly defined levels. Although possible adoption by states and implementation is years away, the EMS system standards now being proposed continue to be of great interest to local Idaho EMS agencies and providers. The EMS Bureau will strive to keep EMS providers and agencies in Idaho informed of the ongoing national activities.

Dear Ms. Starchville:

"Thank you for the opportunity to review the draft National EMS Scope of Practice Model and to offer comments. The following comments represent the consensus of the Idaho State EMS Advisory Committee (EMSAC). EMSAC is a broadly representative group of EMS stakeholders, created by Idaho statute. EMSAC assists the Idaho EMS Bureau in implementing the Idaho EMS Act by providing guidance and recommendations to the Bureau. A list of EMSAC members and their representation is enclosed.

As you can see, our comments have been organized within the subject areas previously identified by the scope of practice model task force, with the bulk of comments concerning the number of provider levels and their associated skills.

### *Names of Levels*

1. The proposed names seem descriptive and useful for public understanding.

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William (Bill) J. Briggs started his fire fighting career in April 1983 with the Department of Energy Fire Department in Southeast Idaho. He was continuously certified as an EMT in Idaho since 1985 until he passed away in December 2004. Bill worked his way up to a driver/operator position. In December 1993, Bill was promoted to Fire Company Officer. Bill was consistently one of his department's hardest working fire fighter/EMT's and always accepted work assignments with no complaints. He was the first to volunteer his off duty time to provide various fire prevention information to school, scout and church groups. He enjoyed playing "Sparky" the fire

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**National Scope of Practice Model Response Letter**

*Number of Levels*

1. Four provider levels are not enough.
2. EMSAC recommends addition of a level between paramedic and advanced practice paramedic that would include the set of skills that is widely associated with “critical care”, such as rapid sequence intubation, ventilator management, invasive hemodynamic monitoring, central line insertion and blood product administration. This type of provider is especially suited for interfacility transfers and is increasingly utilized by both ground and air transport services. We predict that EMS agencies will be unable to fill this role with the proposed advanced practice paramedic due to the anticipated limited availability of the advanced practice paramedic and its associated high personnel costs.
3. EMSAC recommends addition of a level between EMT and paramedic unless additional skills are given to the proposed EMT (see below).

*Skills by Level*

1. The proposed skill sets need further review with attention to terminology and intent. For example, does “intubation confirmation procedures” for the EMT include qualitative CO2 detection, which is listed as “ETCO2” for paramedics? Does paramedic “ETCO2” include quantitative and waveform interpretation? Is there a difference between EMR “unit dose auto-injectors for self or peer care” and EMT “auto-injected Epi-Pen”? This seems to imply that an Epi-Pen is prohibited for EMR. Or should “auto-injected Epi-Pen” replace “unit dose auto-injectors for self or peer care” in the EMR level? Does paramedic “chemical patient restraint” include the use of paralytics, which is prohibited for intubation?
2. EMSAC recommends addition of patient packaging to the EMR level.
3. EMSAC recommends the addition of peripheral IV initiation to the EMT level. While EMSAC appreciates the apparent efforts of the task force to empower the EMT to safely complete certain interfacility transfers with skills such as “maintenance of a non-medicated IV infusion” and “rate and volume ATV”, the omission of peripheral IV initiation creates a significant dilemma for the rural EMS provider who may be faced with a hypotensive patient and prolonged transport to the hospital. Furthermore, what would an EMT do if a peripheral IV was inadvertently pulled out during transport?
4. Does EMT “maintenance of a non-medicated IV infusion” prohibit D5-containing fluids? Regardless, EMSAC recommends addition of IV dextrose administration to the EMT level. As you can imagine, most hypoglycemic patients are unresponsive and cannot be given oral glucose safely. If an EMT can monitor blood glucose and initiate an IV, shouldn’t the EMT be able to render treatment and administer IV dextrose? This skill would be especially useful in the rural setting with prolonged transport times and limited local EMS resources.
5. EMSAC recommends addition of surgical cricothyrotomy to the paramedic level.

Most importantly and fundamentally, EMSAC is unable to support a scope of practice model that defines the ‘outside boundaries of what any provider at a specific level will be allowed to perform.’ Instead, EMSAC strongly encourages the task force to reconsider a model that defines the ‘floor’ for each provider level rather than a ‘ceiling’ with ‘prohibited skills’. Such a model should allow an expanded scope of practice at each level with strong medical oversight and a robust system of performance improvement and quality assurance.

Once again, thank you for the opportunity to offer these comments on behalf of EMSAC. We hope that you will seriously consider them.”

Sincerely,

David T. Kim, M.D., FACEP

For the Idaho State EMS Advisory Committee

Enclosure: EMSAC membership roster

# EMSAC SUB-COMMITTEE, TASK FORCE and ADVISORY COMMITTEE REPORTS

## AIR-MEDICAL

Discussion regarding State Comm Standard Operating Procedures in aircraft emergencies included recommending criteria for when State Aeronautics is to be notified of events and development of a Statewide Air Medical Safety Committee outside of EMSAC.

## EMS-C

The Pediatric Education 5-Year Plan includes development of collaboration with the Institute of Rural Health, Sim-Man and Sim-Infant training manikin acquisition, research study of pediatric knowledge retention, building alliance partnerships with College of Southern Idaho (CSI), St. Al's and St. Luke's and continued Prehospital Pediatric Care (PPC) course offerings and sponsorship of pediatric focused training.

The committee discussed assurance of awareness of the new E-Learning Platform through the Idaho Preparedness Learning Management System at [www.idahoprepares.com](http://www.idahoprepares.com).

John Sanders reported on the recently attended IRECC Conference, upcoming EMS-C grantees meeting and national program 20th anniversary celebration.

## GRANTS

Motion was made and carried to limit eligibility for EMS grants to agencies compliant with all Rules Governing EMS.

Motion was made to have grant funded equipment items returned if the agency does not renew license or change in licensure level creates inconsistency with the original intent of the awarded item.

## LICENSURE

- Burley Fire Department: Initial BLS Non-Transport approval contingent upon verification of personnel and equipment inspection to include AED.
- Schweitzer Fire District: Approved change from BLS Non-Transport to BLS Transport.
- Big Sky Paramedics: Downgrade from ALS Transport to BLS Transport. Recommendation to revoke license based on the fact they have a closed sign on their door and have been unresponsive to a written request for clarification of agency status.
- Northwest EMS: Recommend approval contingent upon inspection and verification of personnel and equipment.
- Bonner County Sheriff's Office: Name and designation change to be treated as initial request, not renewal. Tabled until March EMSAC meeting.

- Additional motion made and carried to investigate appropriate penalties to EMS agencies that allow their licenses to lapse.

## MEDICAL DIRECTION

The EMS Bureau staff will find Emergency Department medical director from Region 3/4 to participate on the committee. The next EMS-C sponsored medical director's course is projected to be held in October 2005. The Board of Medicine rule drafting included recommendation for removal of references to EMS personnel working in a hospital.

## MEMBERSHIP

Discussion occurred regarding EMSAC Policy and Procedure Manual development and clarification of roles of ad hoc members.

## TRAUMA REGISTRY

A selection of a data management system to link records from EMS, transportation departments, law enforcement and hospitals is in process.

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### ***William Briggs Memorial***

dog. His interaction with children was a wonder to behold. He spent the rest of his off duty time helping neighbors and fellow fire fighters with roofing and moving. He was always willing to help wherever he could. Bill was a devoted husband and father. One of his greatest joys was spending time with his family. He was rarely seen without a member of his family. In 1996 Bill was presented the INEL Fire Fighter of the Year Award. This is a special recognition because the award was voted on by his peers. Bill loved the spirit of competition, and was an active promoter and participant in the fire department's Combat Challenge Team. Bill finished in the over 50 classification at 5th place in 2003 and at 2nd place in 2002. Bill loved to meet other fire fighters from across the country and share stories and discuss how to do better in the events. Bill's dedication to excellence as a firefighter and EMT will offer a perpetual example for other emergency response personnel to follow.

### **Access Cardio Systems AED Recall**

Access Cardio Systems went out of business and recalled many of their AEDs. While the serial numbers of AEDs purchased by the State of Idaho were not on the recall list, accessory supplies and repairs are now unavailable for the model. All AEDs distributed through the Rural Access to Emergency Devices federal grant will be replaced with a Defibtech AED. Tricia Burns, EMS Bureau Grants Manager, will be distributing the new AEDs over the next few months.

### **EMS Bureau Staff Changes**

Arrivals



Departures

**-Wayne Denny: System Development Section Manager**

**-Jim Kozak: Region 1—Regional Consultant**

**-Lori Powell: Region 6/7—Administrative Assistant**

**-Shirley Arnell: Region 6/7-Administrative Assistant**

# Emergency Medical Services Advisory Committee

P.O. Box 83720  
Boise, ID 83720-0036



## *EMS Bureau Regional Offices*

*North—Jim Kozak*  
(208) 769-1585  
*North Central—Dean Neufeld*  
(208) 799-4390  
*Southwest—Larry Carmona*  
(208) 334-4633  
*South Central—Andy Edgar*  
(208) 736-2162  
*East—Scott Grunwell*  
(208) 525-7047



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

## EMSAC Membership

NAME	REPRESENTING	E-MAIL ADDRESS
Vicki Armbruster, Challis	Volunteer Third Service	ambulance@custertel.net
Lynn Borders, Post Falls	County EMS Administrator	Lynnb@kootenaifire.com
Kenny Bramwell, M.D., Boise	Pediatric Emergency Medicine	Kbramwell@emidaho.com
David Christiansen, M.D., Boise	Idaho Chapter of the Amer Academy of Pediatricians	christed@slrmc.org
Hal Gamett, Rigby	Fire department based non-transport	Hrg2@inel.gov
Kallin Gordon, Preston	EMT-Basic	Kallinkg@dcdi.net
Pam Humphrey, Pocatello	Air Medical	Pamh@portmed.org
Karen Kelli, McCall	Idaho Hospital Association	kkellie@mccallhosp.org
Mary Ellen Kelly, Meridian	State Board of Nursing	Marykell@sarmc.org
David Kim, M.D., Boise	Idaho Chapter of ACEP	boisedave@hotmail.com
Robert D. Larsen, Kellogg	Private Agency	
Warren Larson, Burley	EMS Instructor	Wjl@idahoems.com
Mary Leonard, Boise	(Acting) State Board of Medicine	Mleonard@bom.state.id.us
Scott Long, Idaho Falls	Idaho Fire Chief's Association	Slong@ci.idaho-falls.id.us
Cindy Marx, Sandpoint	Third service non-transport	Cindy@powine.com
Ethel Peck, Challis	Idaho Association of Counties	Custer@custertel.net
Ken Schwab, Driggs	County EMS Administrator	Kschwa@tetonvalleyhospital.com
Murry Sturkie, D.O., Boise	Idaho Medical Association	Emsdoc@cableone.net
Vacant	Career third service	
Vacant	Committee on Trauma of the ID Chapter of American	
Vacant	Consumer	
Vacant	EMT-Paramedic	

EMSAC Members may also be contacted through the State EMS Office (208) 334-4000